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**Bib Data Sheet** 

**CONFIRMATION NO. 4552** 

| DID Data Silect  |   |                                    |      |                                |                                |                       |                                  |  |             |
|--|---|------------------------------------|------|--------------------------------|--------------------------------|-----------------------|----------------------------------|--|-------------|
| SERIAL NUME<br>09/740,078  |   | FILING DATE<br>12/18/2000<br>RULE  | (    | CLASS<br>705                   | GROUP ART UNIT<br>2181<br>3626 |                       | ATTORNEY<br>DOCKET NO.<br>P-8865 |  |             |
| APPLICANTS   |   |                                    |      |                                |                                |                       |                                  |  |             |
| Randy L. Merry, Maple Grove, MN;<br>Andrew C. Hodges, Blaine, MN;<br>Kurt R. Linberg, Eden Prairie, NM;  |   |                                    |      |                                |                                |                       |                                  |  |             |
| THIS APPLN CLAIMS BENEFIT OF 60/173,082 12/24/1999 AND CLAIMS BENEFIT OF 60/173,081 12/24/1999 AND CLAIMS BENEFIT OF 60/173,081 12/24/1999 AND CLAIMS BENEFIT OF 60/173,064 12/24/1999 AND CLAIMS BENEFIT OF 60/173,065 12/24/1999 AND CLAIMS BENEFIT OF 60/173,083 12/24/1999 AND CLAIMS BENEFIT OF 60/173,079 12/24/1999 AND CLAIMS BENEFIT OF 60/173,062 12/24/1999 AND CLAIMS BENEFIT OF 60/173,071 12/24/1999 AND CLAIMS BENEFIT OF 60/173,080 12/24/1999 AND CLAIMS BENEFIT OF 60/173,080 12/24/1999 |   |                                    |      |                                |                                |                       |                                  |  |             |
| none 2010-4-04  IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/02/2001  |   |                                    |      |                                |                                |                       |                                  |  |             |
| Foreign Priority claime  | d   | u <sub>yes</sub> u <sub>no</sub> . |      |                                |                                |                       |                                  |  |             |
| 35 USC 119 (a-d) cond  | er  | STATE OR COUNTRY                   |      | SHEETS   TOTAL DRAWING   CLAIR |                                |                       | INDEPENDENT<br>CLAIMS            |  |             |
| met<br>Verified and<br>Acknowledged  | Exa   |                                    | ials | MN                             | -                              | 3                     | 26                               |  | 2           |
| ADDRESS  |   |                                    |      |                                |                                |                       |                                  |  |             |
| GIRMA WOLDE-MICHAEL  |   |                                    |      |                                |                                |                       |                                  |  |             |
| MEDTRONIC, INC. 7000 Central Avenue N.E.   |   |                                    |      |                                |                                |                       |                                  |  |             |
| Minneapolis ,MN 55432  |   |                                    |      |                                |                                |                       |                                  |  |             |
|  |   |                                    |      |                                |                                |                       |                                  |  |             |
| MTLE   |   |                                    |      |                                |                                |                       |                                  |  |             |
| Integrated software system for implantable medical device installation and management  |   |                                    |      |                                |                                |                       |                                  |  |             |
|  |   |                                    |      |                                |                                | ☐ All                 | Fees                             |  |             |
|  | FEES: Authority has been given in Paper                                     |                                    |      |                                |                                |                       |                                  |  | <del></del> |
|  |   |                                    |      |                                |                                |                       |                                  |  |             |
| RECEIVED<br>948  | No to charge/credit DEPOSIT ACCOUNT   1.17 Fees ( Processing Ext. of time ) |                                    |      |                                |                                |                       |                                  |  |             |
|  |   |                                    |      |                                |                                | ☐ 1.18 Fees ( Issue ) |                                  |  |             |
|  |   |                                    |      |                                |                                |                       |                                  |  |             |
| j l  |   |                                    |      |                                |                                |                       |                                  |  | <b>4</b>    |